ROSETOWN HEALTH REGION #7

Annual Report

1988-89

EVERYONE Wins

89-05012/

ROSETOWN HEALTH REGION ANNUAL REPORT 1988-1989

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DIRECTOR REGIONAL SUPPORT SERVICES ANNUAL REPORT

LLOYD ONISHENKO

DIRECTOR REGIONAL SUPPORT SERVICES

On behalf of the staff of the Rosetown Health Region it is with pleasure that I present the 1988/89 "Annual Report".

Sincere thanks are expressed to all the Program Managers and field staff for their commitment and dedication to providing top calibre health services to the clientele within the boundaries of the Rosetown Health Region.

I would like to express a very special thanks to Jean Israel (Senior Steno), also to Karen Brown and Susan Brooks for their co-operation throughout the year. We are grateful for your expertise and professionalism. Of course, we can't forget our part-time clerical staff in the district offices; namely, Merle Klein (Biggar); Lorraine Cholin (Kerrobert); Kay Olson (Kindersley); and Lois Jacobson (Outlook); keep up the good work.

Throughout the year staff changes were quite evident, but not as much as the previous year. We finally got our Medical Health Officer/Regional Director in the person of Dr. A. Heimann who transferred from Melfort-Tisdale Health Region in October. He subsequently resigned in January to accept a position in Ontario. The position was not vacant too long as Dr. Paul Schnee transferred from the North Battleford Health Region to become Medical Health Officer/Regional Director for both the Rosetown and Saskatoon Rural Health Regions. Other staff changes were as follows: The long awaited arrival of a Speech Language Pathologist finally happened when Lesley Beek arrived in early January. Judy Weisbrod, Physiotherapist in Kindersley, resigned last fall and moved to take up a similar position at the Swift Current Union Hospital. Her position in Kindersley was filled by Hans Adomeit from Moose Jaw last October (only for six months); Hans moved to Melfort to accept a job in mid-March. Cameron Barr (Early Childhood Psychologist) resigned and moved to Calgary -- his position was filled by Eigil Jensen who is twinned with Rosetown and Saskatoon. Rosalie Tuchscherer (Public Health Nurse I) was promoted to a Public Health Nurse II and her position was filled by Fay St. Marie in early February. Jean Porter (Public Health Nurse III) is now "nursing supervisor" for both the Rosetown and Saskatoon Rural Health Regions. Finally, Lori Duerksen (Physiotherapist) came on staff in early February with headquarters in Rosetown.

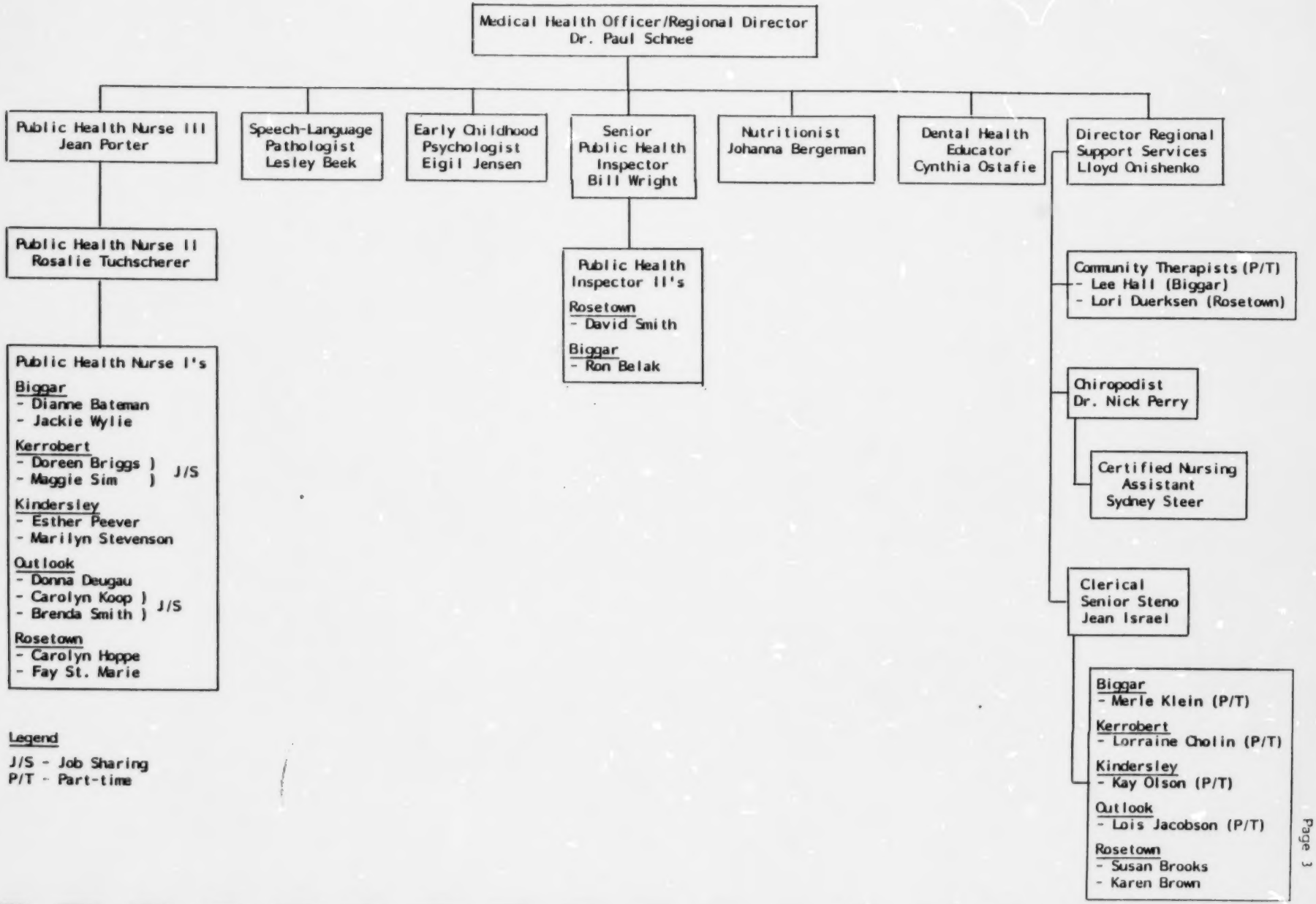
It should also be noted that Dr. Nick Perry (Chiropodist) and Sydney Steer (Certified Nursing Assistant) curtailed the provision of services to the Saskatoon Rural Health Region. Instead, they are now providing services on a monthly basis to North Battleford, Meadow Lake and Lloydminster in the absence of Dr. K. Richardson who is on education leave for one year.

In closing, I would like to thank Marjorie Woodley, Board Chairperson, and the Regional Board of Health for their commitment to improving health care in the region along with the help of Municipal Health Representatives.

Finally, I would like to thank all staff members for their professionalism, commitment and overall performance in providing excellent health care. You have done a tremendous job and should be proud of your achievement.

COMMUNITY HEALTH SERVICES BRANCH

Regional Structure (March 31, 1989)



Legend

J/S - Job Sharing
P/T - Part-time

REGIONAL BOARD MEMBERS

1988-1989

HEALTH DISTRICT NO. 1

Anne Bechard
Box 367
ROSETOWN, Sask.
S0L 2V0

Phone: 882-3262

Helen Miller
Box 31
LACADENA, Sask.
S0L 1V0

Phone: 574-4704

HEALTH DISTRICT NO. 2

Lorraine Grondin
Box 267
BIGGAR, Sask.
S0K 0M0

Phone: 948-2679

Betty Bateman
Box 23
KELFIELD, Sask.
S0K 2C0

Phone: 932-4967

HEALTH DISTRICT NO. 3

Linda Dagg
Box 175
BROCK, Sask.
S0L 0H0

Phone: 379-2058

Marjorie Woodley
Box 26
KERROBERT, Sask.
S0L 1R0

Phone: 834-2429

HEALTH DISTRICTS - MUNICIPAL HEALTH REPRESENTATIVES
(As of March 31, 1989) (*Indicates Board Member)

HEALTH DISTRICT #1

MUNICIPALITY	REPRESENTATIVE	MUNICIPALITY	REPRESENTATIVE
Elrose	Clare Cooney	Plato	Judy Mathers
Kyle	Dave Bottorff	Sovereign	Joy Briggs
Outlook	Grace Derdall	Wiseton	Iris Turner
Rosetown	Subash Maharaj	Coteau Beach	Willard Kallio
Zealandia	Louise MacDonald	R.M. #225	Nancy Saunders
Beechy	Keith Andrews	R.M. #226	Glenda Braun
Birsay	Isabelle Coates	*R.M. #228	Helen Miller
Bounty	Kay Logan	R.M. #255	Jorgen Odegard
Broderick	Dan McGurk	R.M. #256	Vacant
Conquest	Randy Lemon	R.M. #257	Karin Sothmann
Dinsmore	Yvonne Arntsen	R.M. #284	Ona Solnicka
Glenside	Dorothy Rosa	R.M. #285	Don Clark
Lucky Lake	Barry Alm	R.M. #286	Ruth Jensen
Macrorie	Norman Cooper	*R.M. #287	Anne Bechard
Milden	Leo Moe	R.M. #288	William Stables

HEALTH DISTRICT #2

*Biggar	Lorraine Grondin	Springwater	Veril Bourk
Arelee	Vacant	Tessier	Blondal Johnson
Cando	Rosiland Curan	R.M. #316	Bryce McKenzie
Dodsland	Francis Babiuk	R.M. #317	Vacant
Handel	Steve Fruhstuk	R.M. #318	Ian McLeod
Harris	Peggy Garner	R.M. #319	Mary McIntosh
Herschel	Debbie Rea	R.M. #346	Earl McMahon
Kelfield	Faith Weese	R.M. #347	Earl Danychuk
Kinley	Marion Fowler	*R.M. #349	Betty Bateman
Perdue	Bob Munday	R.M. #376	George Radchenko
Plenty	Maxine Woods	R.M. #377	Jim D'Arcy
Ruthilda	Brian Shuttle	R.M. #378	Jerry Kirilenko

HEALTH DISTRICT #3

Eatonia	Carol Pivtoran	Netherhill	Judy Shaver
Eston	Charline Martin	Smiley	Noreen Lowe
Kerrobert	W. D. Johnston	Tramping Lake	Adam Frehlich
Kindersley	Ivy Nokelby	R.M. #259	Alfred Salfi
Luseland	Darcy Bachman	R.M. #260	Ken McBride
Alsask	Joe Borschneck	R.M. #261	Raymond Somerville
*Brock	Linda Dagg	R.M. #290	William K. Schmidt
Coleville	Sid Philipow	R.M. #292	Barry G. Sonmor
Flaxcombe	Bob J. Duenk	R.M. #320	Maxine Schmidt
Glidden	Vacant	R.M. #321	Beverley Kaufman
Loverna	Vacant	R.M. #322	Jacob H. Epp
Madison	Judy Douglas	*R.M. #350	Marjorie Woodley
Major	Louise Kollman	R.M. #351	Hartmut Tischler
Mantario	Vacant	R.M. #352	Mike Stang
Marengo	Clayton M. Cook		

PUBLIC HEALTH NURSING ANNUAL REPORT

JEAN I. PORTER

REGIONAL NURSING SUPERVISOR

The Public Health Nurses of Health Region #7 have completed another busy and successful year. They are to be commended on the dedication and enthusiasm with which they carry out the nursing programs in their district and respond to requests from the community which require innovation and extra preparation on their part.

Staffing

Staff Vacancies - Public Health Nurse II position - April 1 - September 30.
- Public Health Nurse I position (Rosetown) - October 1 - February 3.

Leaves - Brenda Smith, Public Health Nurse I (part-time)(Outlook) sick leave and leave of absence - March 10 - December 1.
- Jackie Wylie, Public Health Nurse I (Biggar) - maternity leave July 1 - November 30. Returned to work on casual basis December.

Staff Appointed - Rosalie Tuchscherer, Public Health Nurse II (Rosetown) October 1, 1988.
- Fay St. Marie, Public Health Nurse I (Rosetown) - February, 1989.
- Brenda Anderson, Public Health Nurse I (part-time)(Biggar) July 20 - December 19. Covered Biggar for Jackie Wylie and vacancy in Rosetown.

Districts were adjusted between Outlook and Rosetown to try to equalize case loads. Elrose and the east half of R.M. #257 are now covered by Outlook staff.

Prenatal Services

Sixteen early and 17 late series were conducted this year. We would like to encourage more parents to attend the early classes to get information regarding nutrition and lifestyle habits conducive to having a healthy baby.

Infant and Preschool Services

Child Health Conferences continue to be very well utilized. Additional clinics had to be scheduled for Kindersley to reduce the waiting time for appointments. A new vaccine against Haemophilus influenza type B which is one cause of meningitis was introduced for use in 18 month old children; it is normally given at the same clinic visit as the 4th dose of D.P.T. and oral polio vaccine. The "HIB" vaccine has few side effects reported to date.

The Denver Developmental Screening Test was under evaluation; Public Health Nurses kept extra statistics regarding this procedure until June 30. A committee then examined the numbers of referrals and other data to determine the effectiveness of this tool.

The Vision Screening program was changed due to recommendations of the vision screening committee commencing January 1, 1989. The children are routinely screened at four years as before. The cover/uncover test was stopped as it did not prove to be an accurate procedure and the Illiterate E charts were replaced with the symbols H, O, T, V, which help to eliminate the children who were failing the screening because of problems with direction rather than of vision.

The Speech Language Screening program was revised, utilizing a questionnaire/observation format which was field tested by two regions before implementation. Although the official starting date for evaluation was April 1, 1989, Public Health Nurses began to use the new tool following orientation in February.

Public Health Nurses organized and participated in a clinic for children who are under West Central Early Childhood Intervention Program who do not see a physiotherapist. Lee Hall, Physiotherapist, Biggar carried out the assessments and counselling of the parents.

We were pleased to have space in the new health care facility "Kyle District Health Care Centre" for Child Health Clinic. We appreciate the many years we were allowed to use the Senior Citizens Drop-In Centre but there were times when clinic interfered with their activities.

School Services

A new Vision Screening program for school-age children was introduced in January. Children who will be six in the calendar year will be screened January - June; children who will be nine in the calendar year will be screened September - December. This provides an opportunity to recheck children's vision. One problem that may be picked up is amblyopia, a condition if untreated before age 7 results in a permanent loss of visual acuity in one eye; and to screen once again prior to adolescence, at a time noted for onset of myopia (nearsightedness).

A new consent form for school immunization was implemented to ensure parents are informed of any risks before giving permission.

Small outbreaks of lice and scabies occurred throughout the region requiring a considerable amount of time in screening and follow-up.

Preparation for a program to provide support for pregnant adolescents is underway and will be implemented early in April, 1989.

In addition to the routine screening, seeing referrals and immunization programs, nurses were asked to give presentations to students on a variety of topics: 88 presentations were made to 1979 students.

Adult Services

The main contact of Public Health Nurses with adults continues to be in health information and education and in the SAIL respiratory program.

Eight talks were given to 240 adults in the period from July 1, 1989 - March 31, 1989. (Figures not available for April 1 - June 30). One hundred and ninety-seven home visits re: SAIL respiratory program were made in this period.

Communicable Disease Control & Immunization Programs

A review of all materials in the region was carried out in an attempt to consolidate existing materials and ensure consistency of information and service.

Health Education and Promotion

Public Health Nurses participated in Radio Talks for "Discover Health" on Radio Station CJYM. Topics covered were:

May - June - Safety for infants and preschool
- HIB vaccine
- Development of Communication

November - Immunization
December - Safety at Home
January - Smoking
February - Reducing Risk of Heart Disease

Nurses participated in Health Fairs at Outlook in November and Biggar in April and at the Trade Fair at Eston in October. Displays were set up for Canada Health Day in local hospitals at Rosetown, Kerrobert and Kindersley.

Nursery School Tours for preschoolers were conducted at Public Health Offices in Kindersley and Rosetown in January and February.

Observational experience was provided at Kindersley for a post R.N. degree student and in Rosetown for an extern who was associated with the Rosetown Union Hospital in May.

Collection of Statistics

Several changes occurred in the collection of statistics this year. In July, the Public Health Nursing Daily Report form was changed, also the Child Health Clinic tally form. Nursing statistics are being placed on a

computer at Nursing Division, Community Health Services Branch, Regina. This will eventually eliminate a lot of the manual totalling we have been doing, and provide quick access to selected statistics.

Public Health Nursing programs have continued to change and improve in an attempt to provide efficient effective service to the people in Health Region #7.

PUBLIC HEALTH NURSING SERVICES

Prenatal - Classes for expectant parents are held at central locations. A series of six classes are offered - two preferably early in pregnancy concerning nutrition, healthy lifestyles and four late classes dealing with labor, delivery, infant care and related topics.

- Home visits may be made when there is need for information but couples are unable to attend classes.

- Special arrangements will be made for adolescents to receive information as needed whether it is at home, school or at a class.

Postnatal - Home visits or phone contacts are made to new parents within the first month following delivery.

Infant and Preschool - Child Health Conferences (CHC's, Baby Clinics). At the CHC's, the public health nurses offer child health counselling to parents along with immunization and screening procedures according to the schedule below.

Routine Immunization and Screening Schedule
(The Passport to Health Program)

PROCEDURE	2 mo.	4 mo.	6 mo.	12 mo.	18 mo.	3 yr.	4 yr.
Meningitis (*H.I.B. Vaccine)					X		
Diphtheria, Pertussis, Tetanus (DPT)	X	X	X		X		X
Oral Polio (OPV)	X	X	X		X		X
Measles, Mumps, Rubella (MMR)				X			
Denver Developmental Screening			X	X	X	X	
Hearing Screening (Audiometer)							X
Speech & Language Screening						X	
Vision Screening							X
Physical Assessment (ht., wt., etc.)	X	X	X	X	X	X	X
Nutrition Assessment (questionnaire)	X	X	X	X	X	X	X
Hearing Assessment (questionnaire)		X	X			X	

*H.I.B. vaccine = Haemophilus Influenza Type B Conjugate Vaccine

- Home visits may also be made for communicable disease, concern re: growth and development, arranging for services, providing additional information on health matters, setting up and teaching about SAIL Respiratory equipment.

School - Services consist of vision screening of 6 and 9-year olds, health advice to students, individual health teaching as needed, seeing referrals from teachers. Immunization is mainly rubella vaccine for girls under 13 who have not been immunized; reinforcement doses of Diphtheria and Tetanus Vaccine and Oral Polio Vaccine for 14-year olds. Students who have not been fully immunized may receive the recommended vaccines for their age. Screening for communicable conditions such as head lice and scabies may be done.

- Nurses will act as resource persons for teachers upon request depending on other commitments.

- Contact with parents of school children may be by letter, by phone or by home visit.

Adults - Home visits are made on a variety of health matters. SAIL respiratory equipment, Communicable Disease investigation, chronic diseases are the most common.

- Community or group education involving adults may be provided on request.

Health Education and Promotion - Nurses take part in a variety of activities that improve community knowledge and attitudes to health through contact with groups from preschool to senior adults by radio talks and by participation in community projects and Interagency activities.

- The Public Health Nurse works as a member of the health care team and is a member of the community she works in to encourage and enable people to meet health needs as they identify them.

PUBLIC HEALTH NURSING SELECTED STATISTICS

Due to the change in recording some of the statistics reported in past years are no longer available, and some are counted in entirely different ways.

	1986/87	1987/88	1988/89
General			
Nursing Days	2032	2008	1706
Home Visits Made	1508	1536	1222
Prenatal Programs			
Home Visits	77	82	61
Other Interviews/Contacts	125	118	151
Prenatal Classes Held	157	106	100
Total Mothers Attending	--	187	149
Total Fathers Attending	--	172	135
Postnatal Programs			
Home Visits Made Within 30 Days of Delivery	643	521	506
Other Interviews/Contacts	149	117	139
Child Health Conferences			
Child Health Centres in Operation	22	22	22
*Number of Appointments Available	5641	5803	5431
Number of Appointments Made	5351	4981	4859
Number of Appointments Kept	4914	4519	4364
Number of Appointments Not Kept	461	462	422
Total Attendance of Infants at CHC	--	2094	1973
Total Attendance of Preschool at CHC (13 Month - School Entry)	--	2687	2765
Total Number of Children Seen for Appointments	4914	4781	4392
Total Number of Visits (for second screenings or immunization only)	--	436	439
Immunization - Infants & Preschool			
Diphtheria,Tetanus,Whooping Cough (4th dose) (series completed)			695
Polio Vaccine (series completed)			672
Mumps, Measles, Rubella (MMR)	706	664	615
Haemophilus B Influenza Vaccine	--	--	505
School Entry Boosters at age 4 years	--	--	Not Available This Year
School Health Services			
Total School Enrollment	8052	8012	7908
School Presentations	86	125	88

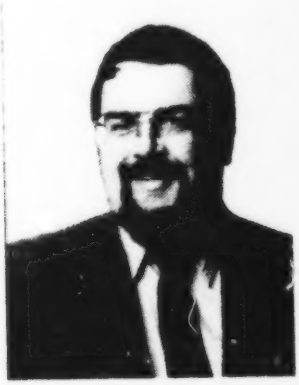
	1986/87	1987/88	1988/89
Student Attendance at Presentations	2649	3815	1979
Number of Students Seen for Service Other Than Immunizations	--	--	3811
Number of Students Immunized Against -			
Diphtheria & Tetanus	--	--	546
Polio	--	--	555
Rubella	--	--	288
Measles, Mumps & Rubella (MMR)	--	--	3

*Based on the average yearly births of 679 the minimum potential number of appointments required for the year would be 4753. Each child must come at least seven times to receive the services recommended. Additional appointments are needed for other reasons and to allow some flexibility for parents.

PUBLIC HEALTH INSPECTION ANNUAL REPORT

BILL WRIGHT

SENIOR PUBLIC HEALTH INSPECTOR



The 1988 Public Health Inspection program's objective is still safeguarding the health of the public from physical, chemical and biological hazards. We continue to emphasize the importance of education along with the administration of provincial regulations and policy that govern a wide range of environmental conditions throughout the region.

Staffing

Our staff complement changed drastically over this past year. Mr. Terry Gibson, Public Health Inspector, Kindersley, transferred to Saskatoon Rural, April 1988. Mr. Dave Smith spent 50%-75% of his time for three months in Regina as Acting Consultant. Senior Public Health Inspector, Bill Wright, is still twinned with Saskatoon resulting in only 40% (maximum) of his time spent with this region.

Programs

All facilities requiring licensing or a permit to operate were given high priority. Public eating establishments, bakeries, butcher shops and other food handling facilities were routinely inspected or as a result of complaints. Routine testing of commercial microwave ovens continued over the past year.

Accommodation

Year end inspections of hotels and motels, and mobile home park/trailer courts were completed as required under regulation. An increase in the number of housing complaints and indoor air quality testing requests and consultations has taken considerable time.

The downturn in the local economy did result in a decrease in the number of plumbing and private sewage disposal inspections.

A survey of all municipalities was completed in an attempt to establish which municipalities have building inspectors and if building inspection services are provided -- this was necessitated by the implementation of the Saskatchewan Building Code which now determines plumbing fixture requirements in public facilities. This was previously a stipulation under the Plumbing Regulations.

Education Programs

Regional staff participated in numerous programs over the past year. Ron Belak and Dave Smith conducted numerous National Sanitation Training Programs throughout the Region with in excess of 150 persons completing the course. It is anticipated that the demand for this course will increase as a result of the new Eating Establishment Regulations requiring every facility to have someone on staff at all times who has successfully completed an approved food sanitation course.

Dave Smith also helped teach the Level I and Level II Pool Operator's Course in conjunction with the Saskatchewan Recreational Facilities Association.

Dave Smith attended the Public Health Inspectors one-week inservice at the University of Saskatchewan in Saskatoon as our regional representative.

In conclusion, I would like to thank the Public Health Inspector's for their excellent work and co-operation over the last year. They have extended an extra effort in dealing with the routine work schedule and demand services while being short staffed. The assistance and help of the excellent clerical staff has been invaluable.

In order to compare this year's activities with others, I have included a side-by-side comparison of figures for the past three years.

PUBLIC HEALTH INSPECTION SELECTED STATISTICS

	Field Visits			Formal Inspections		
	86-87	87-88	88-89	86-87	87-88	88-89
Public Eating Establishments	385	428	150	284	238	147
Food Processing and Distribution	115	174	55	75	98	29
Liquor Outlets	99	74	42	35	59	44
Communal Water Supplies	0	3	1	0	0	0
Private Water Supplies	20	39	37	0	0	0
Public Water Supplies	8	17	8	14	13	17
Private Sewerage Systems	7	16	9	0	0	0
Public Sewerage Systems	0	3	1	0	0	0
Hospitals	12	10	8	15	12	5
Schools and Institutions	16	23	16	17	10	12
Housing	45	32	48	0	0	0
Trailer and Mobile Home Courts	11	4	2	5	9	9
Hotels and Motels	71	46	48	55	55	49
Industrial Facilities	7	3	2	0	0	0
Swimming Pools	95	75	34	13	23	16
Agricultural Facilities	15	12	6	0	0	0
Recreational Facilities	52	61	35	13	21	35
Public Facilities	4	6	11	0	0	0
Plumbing	295	256	171	0	0	0
Investigations	38	46	44	0	0	0
TOTALS	1342	1405	788	526	538	363
				% of time spent		
				34%	40%	39%

	Field Visits					
	86-87	87-88	88-89			
General Services (In Hours)						
Travel	916	878	830			
Meetings	276	222	104			
Surveys	1	0	2			
Monitoring	10	16	13			
Training Courses	113	119	82			
Other	182	105	59			
				% of time spent		
TOTALS	1498	1340	1090	27%	25%	30%
Other Services (In Hours)						
Projects	65	40	31			
Staff Meetings	125	119	89			
Staff Development	295	161	125			
General Administration	1742	1561	869			
				% of time spent		
TOTALS	2227	1881	1114	39%	35%	31%

CHIROPODY PROGRAM ANNUAL REPORT

NICHOLAS H. PERRY

CHIROPODIST

Another year has gone by and our work has been busy, varied and interesting.

Any person who has foot problems and who may benefit from services of a Chiropodist, may receive such services upon referral from a Physician, Public Health Nurse, or Home Care Nursing Co-ordinator. Any resident of Saskatchewan, who has a valid health services card will be eligible to receive professional services at no charge. Where orthotics or special footwear modifications will be required, these will be the individual's responsibility.

The practice of Chiropody, deals with the diagnosis and treatment of diseases, injuries, and defects of the human foot by medical, mechanical and minor surgical techniques. This includes the physical examination of the lower extremities alone and in relation to the rest of the body. Ailments of the feet are treated in many ways, including, physical therapy, minor surgery and the application of medicaments.

The scope of practice involves treatment of callosities, corns, pressure keratoses, conditions such as thickened nails, neglected nails, ingrown nails, fungal infections of the nails and/or skin, plantar warts, diabetic ulcers, rheumatoid pressure ulcerations, structural and mechanical problems and injuries to the feet.

In-services and presentations have been given to all requesting parties. All Special Care Homes, Diabetic Associations and Senior Citizens Groups have received presentations, as well as many others too numerous to mention, including regular radio talks on CJYM Radio Network in Rosetown.

Throughout the past twelve months, our caseload has been varied and interesting.

All clinics are running at now full capacity, and satellite clinics have been increased.

In March, 1987, we began supplying clinical coverage to the Saskatoon Rural Health Region four days per month, in order to help reduce their waiting list. In October, 1988, we ceased our services in Saskatoon and began supplying clinical coverage to the entire North Battleford Health Region for a period of nine months up to and including June, 1989. Dr. K. V. Richardson, Chiropodist to the North Battleford Health Region, departed to the United Kingdom for ten months for further post graduate education.

Our work within this Health Region, decreased by 40%, but surprisingly enough, the total number of treatments provided decreased by only 112.

Clinics that have been covered within the last twelve months are as follows: Rosetown, Kindersley, Biggar, Saskatoon, North Battleford, Lloydminster, Meadow Lake.

Rosetown Health Region possesses the smallest numbers, population wise, within the province. We have never maintained that we were busy, hence the necessity for us to travel farther afield to provide help to other areas.

Rosetown and North Battleford Health Regions have managed quite adequately with clinical commitment for twelve and eight days respectively per month, and without any waiting lists.

I do hope that during the coming fiscal year, much more use of our services is made to ensure the continuance of the Chiropody Program within this Health Region.

In conclusion, I would like to say that I have very much enjoyed my work as a Chiropodist throughout the past four years within this Health Region. I have especially enjoyed a close and cordial working relationship with all persons I have come in contact with during the deliverance of my daily duties and I would like to say a big "Thank you" to all of these too numerous to mention.

Lastly, I would like to thank all of the staff of the Community Health Services Office for their support and hard work in the effective delivery of the Chiropody Program, most especially and sincerely my assistant, Sydney Steer, without whose valuable help and guidance, at times, could not have made any of this possible.

CHIROPODY STATISTICS

April 1988 - March 1989

CATEGORY OF PATIENTS BY LOCATION

ROSETOWN

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	516	44	238	431	1229
% of Total	42%	4%	19%	35%	

KINDERSLEY

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	231	53	126	148	558
% of Total	41%	9%	23%	27%	

BIGGAR

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	205	20	116	105	446
% of Total	46%	4%	26%	24%	

GRAND TOTAL

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	952	117	480	684	2233
% of Total	43%	5%	21%	31%	

DEFINITIONS:

CATEGORY 1: Medically at Risk Elderly (65+)
CATEGORY 2: Medically at Risk General Population
CATEGORY 3: Well Elderly (65+)
CATEGORY 4: Well General Population

LOCATIONS OF CHIROPODY CLINICS IN THE ROSETOWN HEALTH REGION

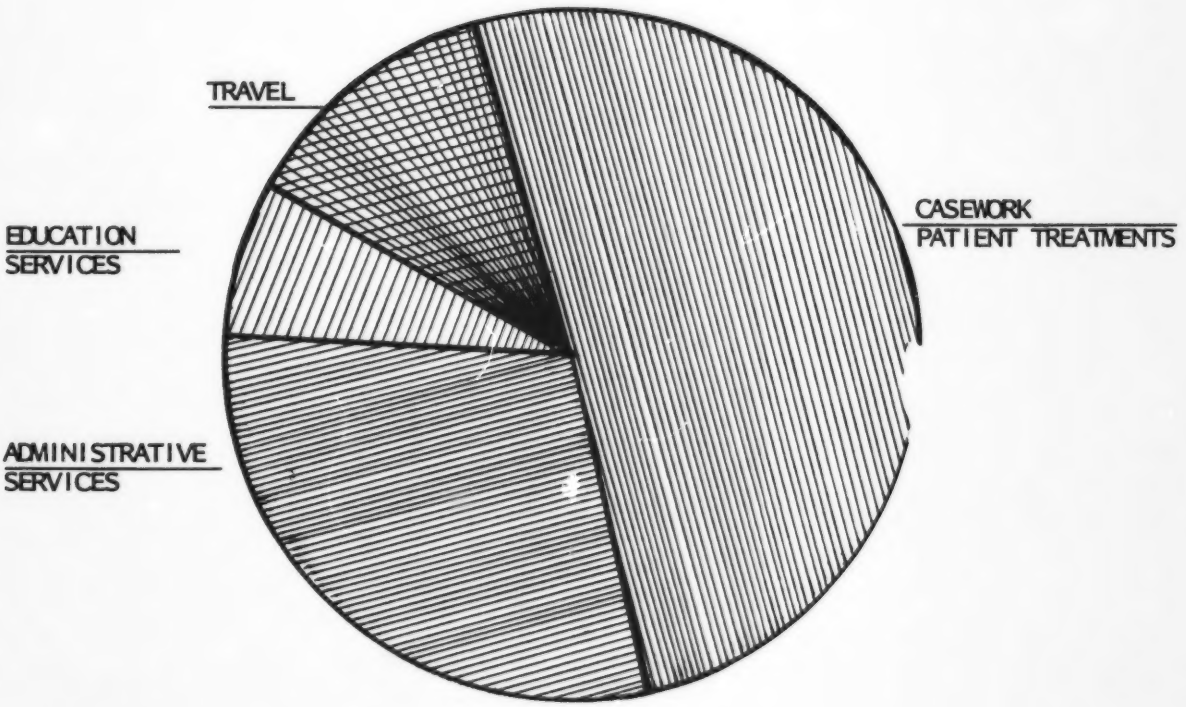
ROSETOWN:
2nd Floor, Provincial Building
122 - 2nd Avenue West
Rosetown, Saskatchewan
S0L 2V0
Telephone: (306) 882-2633

KINDERSLEY:
117 - 3rd Avenue East
Box 160
Kindesley, Saskatchewan
S0L 1S0
Telephone: (306) 463-6538
1st three Wednesdays of each month

BIGGAR:
Biggar Union Hospital
Box 218
Biggar, Saskatchewan
S0K 0M0
Telephone: (306) 948-3357
1st three Mondays of each month

CHIROPODY ANNUAL ACTIVITY REPORT BREAKDOWN

April 1, 1988 - March 31, 1989



	Hours	Percentage
Casework/Patient Treatments	713.25	51%
Administrative Services	426	31%
Education Services	104	7%
Travel	153.25	11%
TOTAL	1396.5	100%

DENTAL HEALTH EDUCATION PROGRAM ANNUAL REPORT

CYNTHIA OSTAFIE

DENTAL HEALTH EDUCATOR

The Dental Health Education Program is now in its second year with the Community Health Services Branch.

The role of the Dental Health Educator is to promote good dental health in the community. We also serve as consultants to individuals or groups who request dental health information.

The emphasis of the program is placed in the classroom. This year the program expanded to include the Kindergarten to Grade Six age levels.

A summary of the topics which were presented:

- the types of teeth and their functions
- the roles of teeth: chewing, speech, appearance
- the eruption of teeth
- the differences between primary and permanent teeth
- the role of dental plaque
- the visit to the Dental Office
- the importance of fluoride
- toothbrushing and dental flossing techniques
- Periodontal Disease
- Diet and Dental Health
- Tooth structure: basic and supporting structures
- Dental Safety/Protection/First Aid
- Dental products

The children receive toothbrushes and/or dental floss, coloring and information sheets, pamphlets and posters for the classroom.

By the end of the school term, approximately 250 classes would have received a dental presentation involving 4790 students in 46 schools.

Fluoride Mouthrinse Program

The fluoride mouthrinse programs are available to all schools where the fluoride content in the drinking water is below the optimal desired level

for reduction of tooth decay. The objective of the program is to reduce dental caries by weekly/bi-weekly "swishing" of a fluoride solution.

The Dental Health Educator is responsible for maintaining any existing school-based fluoride mouthrinse programs by providing fluoride and paper supplies and gathering data for statistical purposes.

Currently there are eleven schools in the Rosetown Health Region participating:

School	Approx. No. of Participants
Goldenview Hutterite Colony	10
Harris-Tessier	118
Kyle Hutterite Colony	18
Macrorie	75
Nova Wood, Biggar	152
Perdue	141
Sonningdale	32
Springwater Hutterite Colony	11
St. Gabriel, Biggar	163
Woodrow Lloyd, Biggar	109
Wordshop Christian, D'Arcy	11
TOTAL	840

In April, a letter and a "Certificate of Appreciation" was sent to each school and classroom to thank the participants for their involvement in the program.

Preschool Dental Kit

A preschool dental health kit is available to all day care and preschool centres upon request. This self-contained kit consists of dental story books, a large tooth model and a large toothbrush, a teacher's guide to dental health and posters. Each child receives a toothbrush and a coloring sheet.

The preschool centres were notified by letter of the availability of the kit. Upon request, the kit is then circulated within the Region.

Currently 11 preschools have borrowed the kit with 304 children participating.

Special Presentations

The Dental Health Educators participated in the Saskatchewan Sports Association Symposium held on October 21-22 in Saskatoon. A dental display was set up with a focus on Dental Safety and Dental Protection in sports. The display consisted of photographs illustrating dental injuries and mouthguard samples. The various steps in the manufacturing of an internal mouthguard was also exhibited.

In November, a Public Health Nurse from Rosetown and I provided a Dental and Lifestyles presentation to two groups of mentally disabled adults at the Wheatland Regional Centre in Rosetown.

In November, I also participated at the first Outlook Health Fair. I had a dental display and also a puppet show was put on.

I also took part in the Annual Preschool Tour held at the Rosetown Health Office in February. A short "talk" on the roles and care of teeth was given to groups of 3 and 4-year olds. A cartoon film on "good snacking" followed.

Dental Health Month

The Honourable George McLeod proclaimed April as Dental Health Month with the launching of the dental storybook "A Walk with Charlie Chew". This is a book targeted to young children and was written by three Dental Health Educators with Saskatchewan Health. In April, copies of the book were sent to:

- schools - one copy for each Kindergarten, Grade 1 and 2 class, and resource centre
- day cares - licensed centres and homes
- Dental Offices
- Libraries

Copies were also made available to Community Health Services Regional and District Health Offices as well as for distribution as prizes for mall/ fair displays.

During the month of April, other activities were planned. Dental bulletin board displays were set up at the five Health Offices. Pamphlets and information sheets were left at each office for public availability.

Dental displays were set up at the Biggar Health Fair on April 6 and at the Kindersley Mall on April 13. I also participated at the displays held at the Lanigan Trade Fair on April 7, the Lawson Heights Mall in Saskatoon on April 20, and the Circle Park Mall in Saskatoon on April 21.

The Dental Health promotional display consisted of a three-sided display unit depicting the Children's Dental Program, the Dental Health Education Program, the Everyone Wins logo, and Charlie Chew. Displayed were also various dental products available on the market today. A selection of information sheets, pamphlets, toothbrushes and dental floss were available to the public.

The purpose of the displays was to raise the general public's awareness of the role of the Dental Health Educator along with providing current dental information.

During Dental Health Month, two school newsletter articles were submitted: "Periodontal Disease" and "Pit and Fissure Sealants".

The following workshops and seminars were attended throughout the year:

- Transparency Inservice on September 26
- "Making Presentations" course on November 7 and 8
- "Serving People First" Seminar on February 7
- "Physical Disabilities" Workshop on March 15

Meetings attended:

- Dental Health Educators Meetings
- Program Managers Meetings
- Interagency Meetings
- Standards Committee Meetings
- Handouts Committee Meetings for Dental Health Education Program

A portion of this years activities also involved considerable research and the compiling of materials for use in the classrooms and for the dental displays.

Once again, I found this year to be very enjoyable, busy and full. I look forward to a productive 1989-1990.

EARLY CHILDHOOD PSYCHOLOGY ANNUAL REPORT

EIGIL JENSEN

EARLY CHILDHOOD PSYCHOLOGIST

I commenced my duties as Early Childhood Psychologist at the end of September, 1988. The following report will therefore only cover the last six months of the 1988-89 fiscal year.

Since I have a twinned position, my time is divided between the Rosetown and Saskatoon Rural Health Regions. My headquarters are in Saskatoon. Approximately 40% of my total time was spent in the Rosetown Region.

The greatest percent of my time (57.5%) was spent in work with or about specific children and their parents. The second largest portion of time (24%) was spent on travel to and in the Rosetown Region. In the coming year, the travel time to and from the Rosetown Regional Office will be divided evenly between the two regions. This will reduce the travel time recorded for the Rosetown Region.

Seventy-six percent of the children seen were referred because of various types of behavior problems while the remaining 24% were developmental problems. The vast majority (86%) of the children seen were referred by the Public Health Nurses. Such a high percentage of referrals indicates that the system in which the Public Health Nurses are the primary identification agents, is functioning well. Several referrals were received from the Early Childhood Intervention Program (ECIP).

I have developed an excellent working relationship with the agencies in the region, most noteably the West Central and the Alvin Buckwold Centre Early Childhood Intervention Programs, but also the Alvin Buckwold Centre itself, Social Services and Mental Health Services. I have become a member of the Admissions and Review Committees of both Early Childhood Intervention Programs. These programs, furthermore, are the primary therapeutic resources for most of the children with developmental problems.

I am grateful for the warm and friendly reception I have received by the health region staff, and I am looking forward to a year of continued co-operation and interesting challenges.

STATISTICS (ROSETOWN)

	Number
Average Monthly Caseload	29
Number of New Referrals	3
Referral Sources	
- Public Health Nurses	18
- Speech Language Pathologist	1
- Others	3
Reasons for Referrai	
- Developmental Problems	6
- Behavioral Problems	16

PUBLIC HEALTH NUTRITION PROGRAM ANNUAL REPORT

JOHANNA BERGERMAN

PUBLIC HEALTH NUTRITIONIST

Nutrition services for Saskatoon Rural and Rosetown Health Regions are provided from the shared nutrition position headquartered in Saskatoon.

A total of 84 group presentations were given to 1717 people in the two health regions. Forty-five presentations to 866 individuals were in the Saskatoon Health Region. Forty presentations to 851 individuals were in the Rosetown Health Region.

These presentations were given to a variety of audiences from preschool aged children to seniors.

Consultative services, which provided information, materials and advice was given to a total of 772 individuals. Eighty-seven public health nurse consultations were made about client problems; of this number, fifty-five clients were individually counselled.

Newspaper columns were routinely drafted for Regina. Edited columns continue to be sent to the 12 local newspapers in the Saskatoon and Rosetown Health Regions.

Programs that were focused on this year were:

1. Nutrition Education in the Schools
2. Healthy Weights for Canadians
3. Support for the "Everyone Wins" community development projects
4. Prenatal Screening Project
5. Breast Feeding Project

Nutrition Education Workshops became an important focus for this year through the demand that was generated by the principals. I approached eleven groups of principals at their regular school district meetings to introduce the Dairy Foundation Education and Project Apex materials.

The Dairy Foundation provides these well designed, colorful, nutrition teaching kits and teaching aids for teachers in Division 1 and 2 who attend the training workshop. In addition, Saskatoon Rural and Rosetown

Health Regions were selected by the Dairy Foundation for involvement in a Project Apex pilot study. Project Apex combines nutrition and physical activity information into an activity filled, goal orientated, journal project for grade 5 students.

The result of this promotion to the principals was a demand for a total of 15 workshops to 279 teachers. These workshops were done in Saskatoon, Martensville, Dundurn, Eston, Kindersley, Kyle, Sonningdale, Rosetown, Biggar and Conquest. Thirty-three of these teachers were given Project Apex training. I have also worked with City Health Nutritionists to develop additional resource materials for Project Apex as it applied to overweight children.

Healthy Weights for Canadians, a National Health and Welfare initiative, which introduces BMI (Body Mass Index) to adults aged 20 to 60, was also included as a high priority program for this past year. Materials to hand out to the public have been developed in Regina over the past year. Presentation materials for male and female audiences have been developed. To date, nineteen presentations on this topic have been presented. As well, BMI stations were set up at the Outlook and Biggar Health Fairs.

Everyone Wins grants given to a number of different communities have requested nutrition support services. Display tables were manned for the Biggar and Outlook Health Fairs. A workshop on "Nutrition for the Athlete" was prepared for presentation to the Special Olympics Conference in Outlook. Assistance has been given to the Biggar Food for Thought community group. This group is preparing a cookbook based on a select number of foods, that would be of the most benefit to those using a food bank. The Lanigan Daycare was given assistance and materials for the nutrition teaching component of their preschooler program.

Nutritional support for mother and child remains the primary focus of nutrition services. Five presentations to 60 mothers were made in the past year. Seven presentations were made to public health nurses which contained updates on nutrition information for this age group. Consultative services to public health nurses is on-going, as is individual consultations. I have worked with a nutrition committee over the past year to develop a prenatal weight record and self screening tool. I have also worked with an interdisciplinary group in Saskatoon to develop the breast feeding information pilot project.

I would like to thank Dr. Schnee and the staff for their co-operation and support. A special thanks to the Director of Support Services and the clerical staff for their assistance and support.

NUTRITION STATISTICS

March, 1988 to April, 1989

	ROSETOWN		SASKATOON	
GROUP MEETINGS	NUMBER	ATTENDANCE	NUMBER	ATTENDANCE
Preschool Aged	3	70	1	10
Preschool Workers				5
School Students	3	101	11	352
School Teachers	9	115	6	164
Principals/Directors	6	73	5	59
Post Secondary Students			2	30
Public Health Staff	4	52	3	41
Other Health Professionals			3	20
Community Lay Leaders			1	6
Health Representatives/Counsellors	1	35	2	60
Parents (Mothers)	2	35	3	25
Consumers	10	330	6	82
Seniors			1	25
Other: Special Olympics	1	30		
Food For Thought	1	10		
TOTALS	40	851	44	866

COMBINED TOTALS 84 Sessions 1717 Attendance

CONSULTATIVE SERVICES:

	ROSETOWN	SASKATOON
Group:		
Health Region staff/health professionals	143	150
Public	69	70
Educative Personnel	94	91
Community Agencies and Associations	4	7
Others	1	1
Individuals:		
Public Health Nurse Consultations	39	48
Counselled	23	32
TOTALS	373	399

COMBINED TOTALS 772

COMMUNITY THERAPY PROGRAM ANNUAL REPORT

LEE HALL

COMMUNITY PHYSIOTHERAPIST

The Community Therapy Program is now a recognized service of Community Health Services Branch within the community. The program has been in place for almost three years.

The Community Therapy Program is exactly as the name implies - a community based "therapies" program for rural residents. Both occupational and physiotherapy are provided to patients within a variety of settings. Services are provided in a hospital based setting with both in-patients and out-patients receiving service. Depending on the needs of each community, service is also provided in schools, group homes, nursing homes, patients own home, Early Childhood Intervention Program and a variety of other agencies within the community.

Special interest groups such as arthritic groups, sports or athletic groups and service groups can also receive service on an educational inservice basis from the Community Therapist.

With the Community Therapy Program well established in both Biggar and Kerrobert, physicians from both centres are utilizing the service well.

Kerrobert service was decreased during the fall and winter months and the extra time was allotted to Rosetown. This helped to alleviate some of the backlog of service required by nursing homes, home care and out-patients in Rosetown and area. Rosetown is now receiving service on a regular basis from Lori Duerksen and Kerrobert has returned to receiving weekly visits. One of the physicians in Kerrobert is back from extended leave so referrals have stepped up in that area.

Biggar has had an interesting array of patients. Over the past year I have treated two severe burn patients on a regular basis as well as a variety of orthopedic and post-op patients returning from the city.

The Children's Rehabilitation Centre, University and City Hospitals have been excellent about communicating with the Community Therapy Program regarding the patients. This means that the larger centres are very much

aware of the Community Therapists based in the rural areas and know that their input along with the Community Therapist is vital for the patient's recovery. It makes the Community Therapist's job easier with better follow-through with this input.

Some inservice education was done this year throughout the area. Rosetown Home Care and Nursing Home staff received inservices on specialized patient treatments. Some of these were videotaped to ensure better staff usage and follow-through of treatment.

In Biggar, the Transfer and Lifting for Caregivers or T.L.C. program was introduced. Initially, both hospital and nursing home staff was involved in the workshop. This stressed the use of proper lifting techniques and body mechanics to decrease the number of injuries within the institutions. A core group of Registered Nurses and Certified Nursing Assistants was selected and the program reviewed with them. This team, along with guidance from the Director of Care and the Community Therapist, assessed the residents in order to select the best lifting method for each resident. It is hoped that with this system the nursing home will have a decrease in absenteeism due to injury as well as more comfortable, safe patients. At the present, this program seems to be running well; both myself and the Director of Care are pleased with the staff participation and acceptance of the program.

In the spring of this year, Community Therapy was involved in the Biggar Health Fair. This was a display of approximately 60 booths - all with a variety of knowledge and items of interest within the health field, to share with the public. Approximately 800 school children toured the Fair throughout the day and the general public during the evening. The Fair was well received and we found some school age children returning in the evening to see more of the displays that had interested them. It was a great way to increase the public awareness of the Community Therapy program and the availability of it within the community.

This past year has been a busy but fulfilling one for me. I hope that in the course of the year I have helped my patients to attain their level of maximum independance and wellbeing.

I would like to thank the staff within the region for being supportive of the program. Also, a special thanks to all my patients within my communities for their support and trust in helping to make the Community Therapy Program very rewarding for me.

COMMUNITY THERAPY PROGRAM STATISTICS

Lee Hall, Community Therapist

January 1, 1988 to December 31, 1988

	ATTENDANCES	NEW REFERRALS	TOTAL CASELOAD	TREATMENT HOURS	EDUCATION HOURS	CONSULTING HOURS	TOTAL HOURS
JANUARY	79	20	37	55.97	9.0	--	64.97
FEBRUARY	97	19	31	60.70	6.5	--	67.20
MARCH	96	26	39	72.98	26.5	.5	99.98
APRIL	66	23	40	52.47	5.0	.25	57.72
MAY	101	27	46	69.53	.5	1.5	71.53
JUNE	95	37	56	64.17	3.0	--	67.17
JULY	114	33	58	69.67	.5	--	70.17
AUGUST	81	12	41	43.58	--	--	43.58
SEPTEMBER	105	30	57	63.83	4.0	1.5	69.33
OCTOBER	122	11	44	82.33	9.75	.5	92.50
NOVEMBER	99	18	42	63.50	--	2.0	65.5
DECEMBER	106	16	34	47.0	--	.5	47.5

COMMUNITY THERAPY ANNUAL REPORT

Hans Adomeit, Community Therapist
October, 1988 - March, 1989

The six months I have spent in the position as a Community Therapist based in Kindersley have, in many ways, been quiet ones. Following the first month of orientation to the job and community, the patient case-load has been steady but not overwhelming. This has been by design as everyone concerned was well informed that the service, most likely, would only be offered for a limited time and too vigorous use of the service was discouraged. The patient mix has been all round with heavy emphasis on out-patient with neurological, orthopedic, and soft tissue problems.

A fair amount of attention has been given to the image of the Community Therapy Program. Whenever possible time was spent discussing with other care providers their particular problems that they experienced in their work and various solutions were discussed/demonstrated. This has, as much as possible, been incorporated in the actual patient treatment in the hospitals and Nursing Homes. My impression is that this has been quite appreciated. The trials and tribulations of therapy services in Saskatchewan has also been discussed in order to develop a reasonable attitude in terms of expectations from the program and also to instill a sense of patience among care providers in this area in light of the usual recruitment problems. Although difficult to measure, I feel this has been achieved to some degree.

Inservice and other educational events have been offered throughout these six months, but only requested during February and March. Back Care Programming was discussed in depth at Kindersley Heritage Manor and they are now in the process of developing their own in-house program. The virtues of systematically using comprehensive care plans were discussed at Kerrobert Buena Vista Lodge and Eston Jubilee Lodge. The reception was positive.

This locum has been too short for me to attend any extensive courses or workshops. Although I spent one day at the Children's Rehabilitation Centre in Saskatoon with one of my pediatric patients.

Kindersley - The headquarters have now been firmly established at the Public Health Office. Almost all mail and messages are received here.

Well laid out treatment area, good assortment of treatment equipment, good stock of supplies, and excellent support from staff at the Heritage Manor, hospital, Home Care and Public Health. Administrators and physicians are extremely anxious to see the Community Therapy service continue.

Kerrobert - I have only serviced Kerrobert Buena Vista Lodge. Lee Hall is serving all other areas of Kerrobert. Involvements have been resident care and consultations in equal amounts and one inservice on care planning. Supportive staff, particularly the nurses, and one care aide is assigned to go with the Community Therapist.

Eston - Eston has been a very quiet community throughout these six months. Patients at the Union Hospital have usually required minimal involvement with exception for one who was sent to Palliser Regional Care Centre for rehabilitation. One multi-handicapped student at the High School has been seen on a consultation basis, and only this last month a few residents were seen at the Jubilee Lodge and an inservice was held there. Eston will now be serviced by Ms. Lori Duerksen, Community Therapist from Rosetown.

Eatonia - Only one visit for one inpatient was made during this period of time.

Dodsland - No need for service during this time.

I have thoroughly enjoyed my time as a Community Therapist in Kindersley due to the interesting caseload and the very nice facility, but most of all due to the supportive people here.

SPEECH LANGUAGE PATHOLOGY ANNUAL REPORT

LESLEY BEEK

SPEECH LANGUAGE PATHOLOGIST

As the Speech Language Pathology position continued to be vacant throughout 1988,a considerable waiting list had accumulated by the time I arrived in January, 1989. Many thanks to Colleen Kells, Speech Language Pathologist in Saskatoon Rural Health Region, for adjusting her busy schedule to accommodate visits and consultation services to the region over the last year, and also for her active participation in my orientation.

Regular speech and language clinics have been re-established in Kindersley, Rosetown, Biggar and Outlook. In keeping with the philosophy of early intervention, preschool children continue to be the target population. As such, concerns regarding the existing 3-year Core Communication Screening Tool led to the development of a new protocol. I was happy to participate in the orientation of our regional Public Health Nurses to the new screening tool. Recently implemented, we will all be waiting with anticipation to review the results of the modification of the Core Screening Program.

Since my arrival, priority services have been directed to the preschool population. Target percentiles for distribution of service will be adults - 10%, and preschoolers - 90%.

Co-ordination of programming has involved consultation with Public Health Nurses, Early Childhood Psychologists, Early Childhood Intervention Program (ECIP) Developmental Therapists, other Speech Language Pathologists, as well as contact with agencies such as Alvin Buckwold Centre, Children's Rehabilitation Centre, the MacNeill Clinic and University Hospital.

Information regarding preschool language development, normal communication skills and communication disorders is available to interested parties. I was pleased to have occasions to provide such information, not only in response to individual inquiries, but through a press release as well as a presentation to a local parent group. Planned involvement in the community includes visits and inservices to playschools, developmental centres and hospitals.

I appreciated the opportunity to attend a workshop organized by the Saskatchewan Association of Speech Language Pathologists and Audiologists and to meet with colleagues from other Health Regions. I have been very impressed with the level of professionalism and the quality of service being provided by my counterparts throughout the province, and I am pleased to be counted among them.

SPEECH LANGUAGE PATHOLOGY STATISTICS

	1987-88	1988-89
Public Health Nurse		
- referral from 3-year screen	40	32
- all other Public Health Nurse referrals	15	23
Early Childhood Psychologists	6	3
Physicians	3	7
Saskatchewan Hearing Aid Plan (SHAP)	0	1
Parent	0	0
Other (includes other Speech Language Pathologists, Early Childhood Intervention Programs, Hospitals, etc.)	2	3
TOTAL REFERRALS - ALL SOURCES	66	69

Caseload - End of March 1989: Preschool - 90 (84%)

Adults - 17 (16%)

PLEASE NOTE: Speech Language Pathology position was vacant from August 21, 1987 to December 31, 1988.

COVERED POPULATION AS AT JUNE 30, 1988

BY AGE, GROUP AND SEX

	MALE	FEMALE	TOTAL
Under 1	290	305	595
1 - 4	1,409	1,383	2,792
5 - 14	3,378	3,065	6,443
15 - 24	2,998	2,628	5,626
25 - 64	9,801	9,100	18,901
65 - 74	1,842	1,926	3,768
75+	1,011	1,400	2,411
TOTAL	20,729	19,807	40,536

HEALTH REGION STATISTICS

VITAL STATISTICS

BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
611	361	4	4	6	3	6.55	9.77

NUMBER OF BIRTHS OCCURRING IN ROSETOWN HEALTH REGION IN 1988

BY MOTHER'S AGE AND MARITAL STATUS

	TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
Total	611	0	31	171	277	110	18	3	1
Married	527	0	8	140	256	103	16	3	1
Other	84	0	23	31	21	7	2	0	0

1988 DEATHS OF HEALTH REGION #7 RESIDENTS

CAUSES OF DEATH	TOTAL	M	F	AGE 15	AGES 15-64	AGES 65+
All Causes of Death	361	202	159	6	73	282
Other Bacterial & Viral Diseases	2	0	2	0	0	2
Cancer	76	43	33	0	20	56
Endocrine & Metabolic Diseases	2	1	1	0	0	2
Diseases of Blood/Forming Organs	4	1	3	0	0	4
Nutritional Deficiencies	1	0	1	0	0	1
Diseases of the Nervous System	13	7	6	1	3	9
Diseases of Heart & Blood Vessels	171	89	82	0	19	152
Other Diseases of Respiratory System	37	22	15	0	4	33
Diseases of Other Systems	22	15	7	0	6	16
Congenital Anomalies	1	1	0	1	0	0
Conditions in Perinatal Period	3	3	0	3	0	0
Symptoms & Ill-Defined Conditions	1	1	0	0	0	1
Transport Accidents	8	4	4	0	8	0
Accidental Poisoning	1	1	0	0	1	0
Accidental Falls	6	3	3	0	1	5
Other Accidents, Late Effects	8	8	0	1	6	1
Suicide & Self-Inflicted Injury	5	3	2	0	5	0

COMMUNICABLE DISEASES REPORTED

	1985/86	1986/87	1987/88	1988/89
Campylobacter	5	5	12	12
Chickenpox	19	48	47	133
Diphtheria Cases	0	0	0	0
Food Poisoning	0	0	0	0
Gastroenteritis (E. Coli)	0	6	2	2
Giardiasis	0	4	25	19
Hepatitis A	1	3	0	4
Hepatitis B - Cases/Carriers	3	4	3	1
Measles (Rubeola)	1	48	57	0
Meningitis/Encephalitis (Total)	2	3	9	3
- Haemophilus	0	2	1	1
- Pneumococcal	0	0	2	1
- Other Bacterial	2	1	4	0
- Viral	0	1	0	1
Meningococcus	0	1	0	0
Mononucleosis (Infectious)	0	0	12	0
Mumps	0	0	2	1
Pertussis (Whooping Cough)	1	0	1	13
Rubella	0	12	4	1
Salmonellosis	4	8	16	7
Shigellosis (Bacilliary Dysentery)	0	1	1	1
Typhoid	0	0	1	0
TB Respiratory	0	0	0	1

APPRECIATION

TO THE MEDIA:

The Rosetown Regional Board of Health and staff of Rosetown Health Region #7 express sincere thanks to the Radio Stations and Weekly Newspapers for publicizing our public health programs.

Radio Stations: CJYM in Rosetown
CFQC in Saskatoon

Weekly Newspapers: The Rosetown Eagle
The Kindersley Clarion
The Kerrobert Citizen
The Outlook
The Elrose Review
The Eston Press
The Biggar Independent

TO VOLUNTEERS:

Health Region staff extend a warm thank you to all volunteers, and everyone who assisted us in any way to carry out our public health programs.